



**Transforming
health and social care**
in Kent and Medway

Kent and Medway Sustainability and Transformation Partnership

Kent and Medway Joint Health Overview and Scrutiny Committee

12 December 2017

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.



Agenda

JHOSC presentation 12 December 2017

Welcome and introductions

Overview of the Stroke Review

Governance

Progress to date

Independent Impact Assessment (IIA)

Communication and engagement

Implementation

Vascular services

AOB



The Kent and Medway JHOSC is asked to:

Stroke:

1. Provide support to the public consultation;
2. Advise on duration of the public consultation;
3. Discuss and agree how the members and colleagues can support the consultation process.

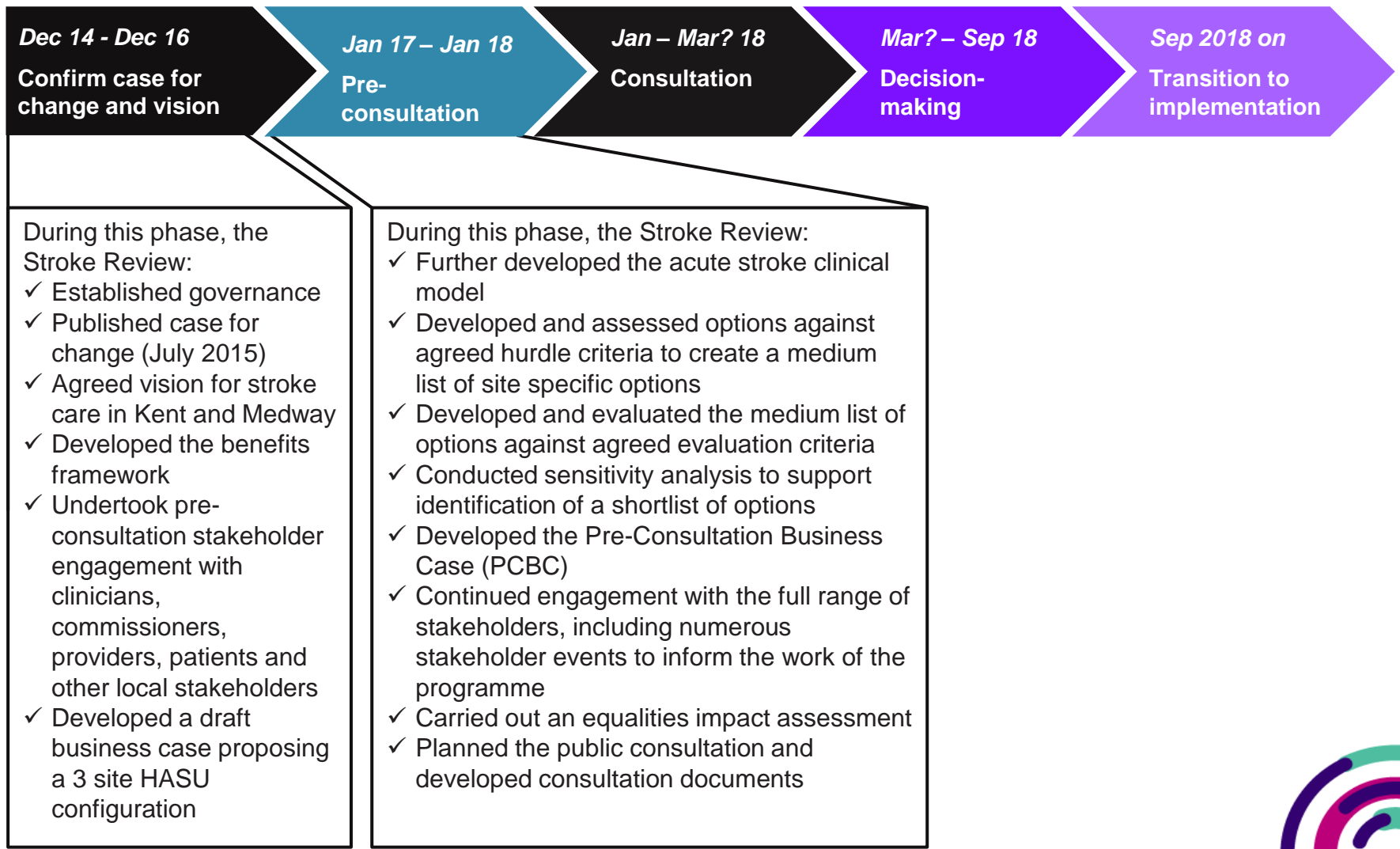


Background context

- The eight clinical commissioning groups (CCGs) in Kent and Medway (plus CCGs outside Kent & Medway whose populations use stroke services in Kent & Medway) have been working together on the stroke review since late 2014
- The review is being led by a Stroke Programme Board comprised of commissioners, providers and patient representatives from across Kent and Medway and a representative of the Stroke Association
- It is supported by a Clinical Reference Group which provides clinical leadership and input to the Stroke Review, a Public and Patient Advisory Group (PPAG) which provides a patient perspective and a Finance Group which provides financial leadership and strategic advice
- The review has developed a set of proposals covering the case for change for stroke services, the model of care and options for service deliver
- Through a series of major stakeholder events, meetings, focus groups, online surveys, newsletters and other channels, the thinking has been tested with clinicians, patient groups, the public, provider organisations, local authorities, and MPs, to gather feedback and act on it as proposals have been developed
- Although hospital staff in Kent and Medway provide the best service they can, the way stroke services are set up currently, along with staff shortages, mean local hospitals do not consistently meet the national standards for clinical quality
- The ambition of the stroke review is to deliver clinically sustainable, high quality stroke services that are accessible to Kent and Medway residents 24 hours a day, seven days a week
- To deliver this ambition, and following detailed engagement with stroke survivors, their families, the public, stroke doctors and nurses and other key stakeholders since 2014, CCGs are proposing the creation of specialist hyper acute and acute stroke units in Kent and Medway



Overview of work to date and high level timeline



Overview of the Stroke Review

The Case for Change identified the key issues with the current service provision for stroke across Kent and Medway.

- **No hospitals** provide 7 day (twice daily) consultant ward rounds
- Recommended patient volumes should fall between 500 and 1,500 confirmed stroke admissions per year but patient volumes in all but one acute hospital are **below the 500 patient threshold**
- In two Kent and Medway hospitals, **fewer than 50% of patients receive thrombolysis within 60 mins** and overall all Kent and Medway hospitals are below the national average
- Generally **< 50% of all patients are being admitted within 4 hours** and performance is below national average
- Improvements in acute stroke service provision have been difficult to sustain



To improve the quality of stroke service provision, a future delivery model for stroke has been designed based on best practice and with strong clinical support

This includes:

- Seven day specialist consultant-led stroke service;
- Three combined Hyper Acute Stroke Units (HASUs) and Acute Stroke Units (ASUs) to leverage workforce consolidation;
- Early Supported Discharge available for min 50% of patients;
- Improved rehabilitation services;
- Potential development of a mechanical thrombectomy centre;
- Co-location of services with desirable co-adjacencies to improve patient outcomes and support staff.



This acute delivery model will be supplemented by additional work on the rest of the stroke pathway, including rehab.

The Kent and Medway stroke review has focussed on the **acute** part of the stroke pathway.

It is recognise that rehabilitation (including ESD) is a crucial part of the overall model.

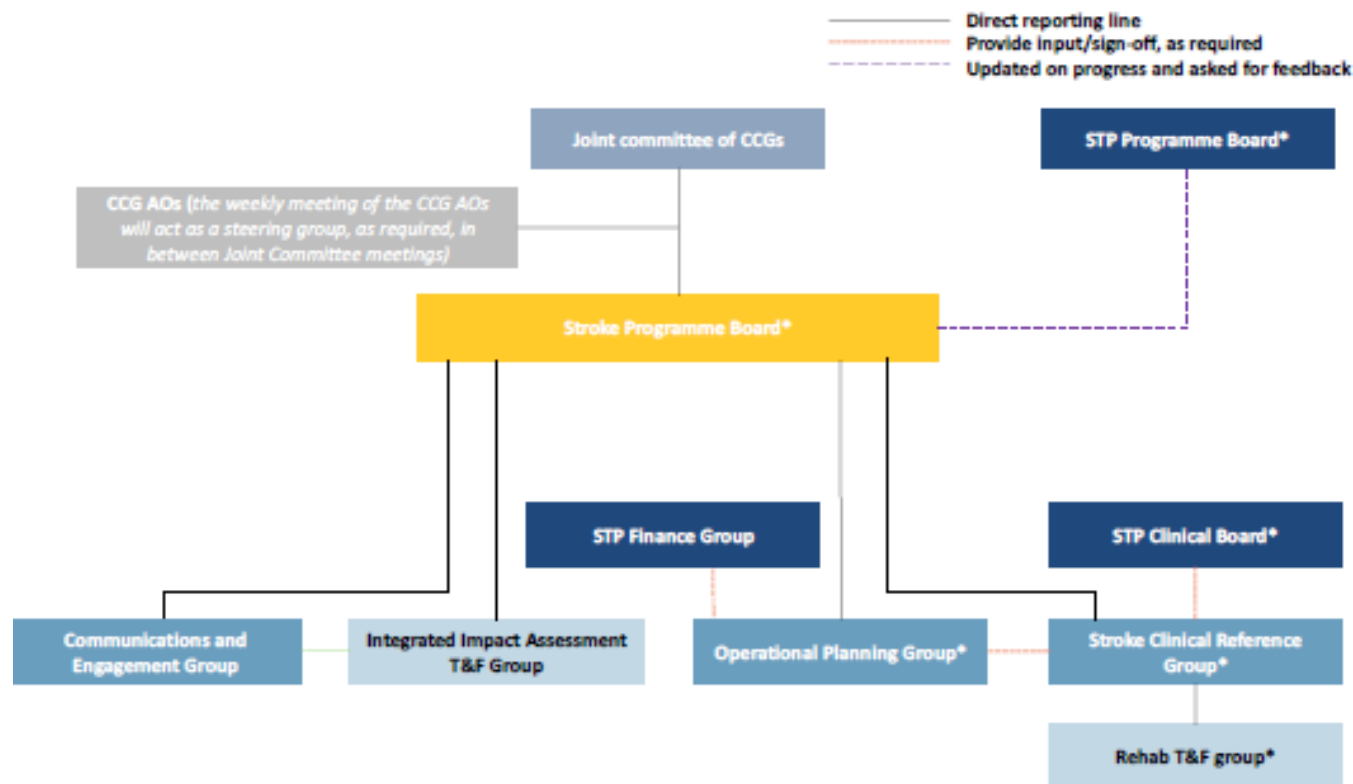
Work to develop proposed service models has been undertaken by the Clinical Reference Group:

This includes:

- Rehabilitation;
- Pathway for TIAs;
- Pathway for stroke mimics;
- Thrombectomy pathway;
- Pathway for inpatients who have a stroke in a hospital without a stroke unit.



New Stroke Review governance structure



*Membership includes clinical and provider representatives

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Key points:

- Stroke Programme Board will oversee the Stroke Review and make recommendations directly to the Joint Committee of CCGs.
- There will be four streams of work reporting into the Stroke Programme Board; operational, clinical, communications and integrated impact assessment.
- The STP Finance Group and STP Clinical Board will continue to advise
- The Stroke Programme Board will share material with the STP Programme Board



The Joint Committee enables CCG members to work effectively together, collaborate and take joint decisions about stroke

The role of the Joint Committee is to:

- Consider and approve a collective strategy and associated commissioning intentions for hyper-acute and acute services across Kent and Medway, enabling the delivery of high-quality, sustainable and financially viable clinical services. This will include determining the service delivery model and locations from which services will be provided
- Ensure effective public and stakeholder engagement and involvement, including formal consultation as required, has taken place to enable informed and legally compliant decision making
- Oversee the implementation of the approved service delivery model and any associated reconfiguration of services
- Ensure representation and contribution to national, regional or other relevant Alliances and Networks, including clinical networks, as appropriate
- Work with the Kent and Medway STP Board to ensure any decisions made by the JC are informed by the complement wider strategic planning



Joint Committee terms of reference

Current membership (1/2)

| Name | Organisation | Role | Voting member? |
|--------------------------|---|--|----------------|
| Mike Gill | Independent Joint Committee Chair | | No |
| Dr Mark Davies | NHS Ashford CCG | Clinical Lead (GP) | Yes |
| Dr Navin Kumta | NHS Ashford CCG | CCG Clinical Chair (GP) | Yes |
| Simon Perks | NHS Ashford CCG | AO | No |
| Dr Sid Deshmukh | NHS Bexley CCG | Clinical Chair (GP) | Yes |
| Dr Ethan Harris-Faulkner | NHS Bexley CCG | GP | Yes |
| Dr Nikita Kanani | NHS Bexley CCG | Clinical AO | No |
| Dr Chris Healy | NHS Canterbury and Coastal CCG | Governing Body member (GP) | Yes |
| Dr Simon Dunn | NHS Canterbury and Coastal CCG | Clinical Chair | Yes |
| Dr Sarah Macdermott | NHS Dartford, Garvesham and Swanley CCG | Deputy Clinical Chair (GP) | Yes |
| Dr Mike Beckett | NHS Dartford, Garvesham and Swanley CCG | Secondary Care Ind Member | Yes |
| Patricia Davies | NHS Dartford, Garvesham and Swanley CCG | AO and Stroke Review SRO | No |
| Ian Ayres | NHS West Kent CCG | AO | No |
| Michael Ridegwell | Kent and Medway STP | Programme Director | No |
| Glenn Douglas | Kent and Medway STP | Chief Executive | No |
| Steph Hood | Hood and Wolf | STP communications and engagement lead | No |
| Julia Nason | Kent and Medway STP | PMO | No |

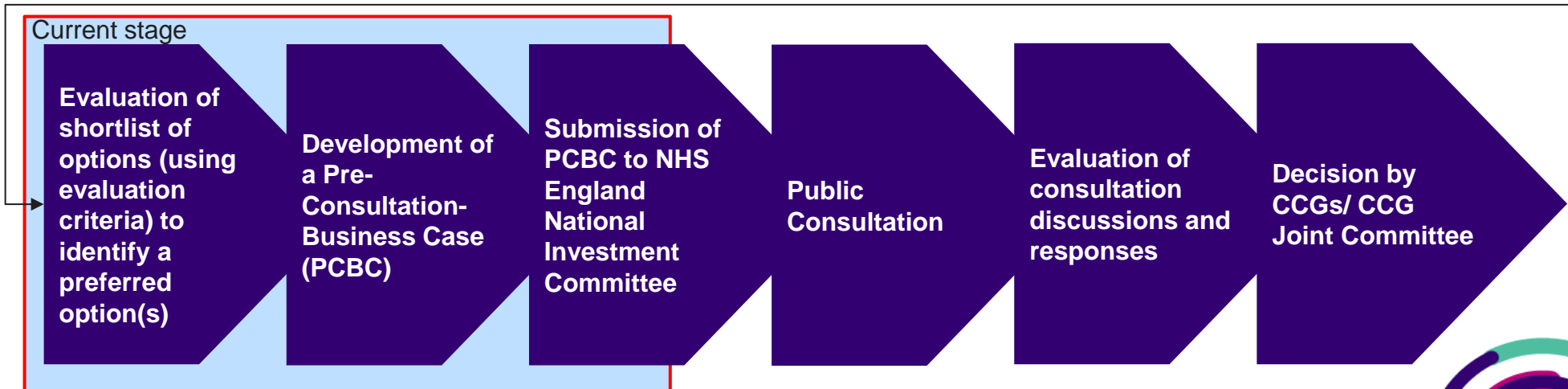
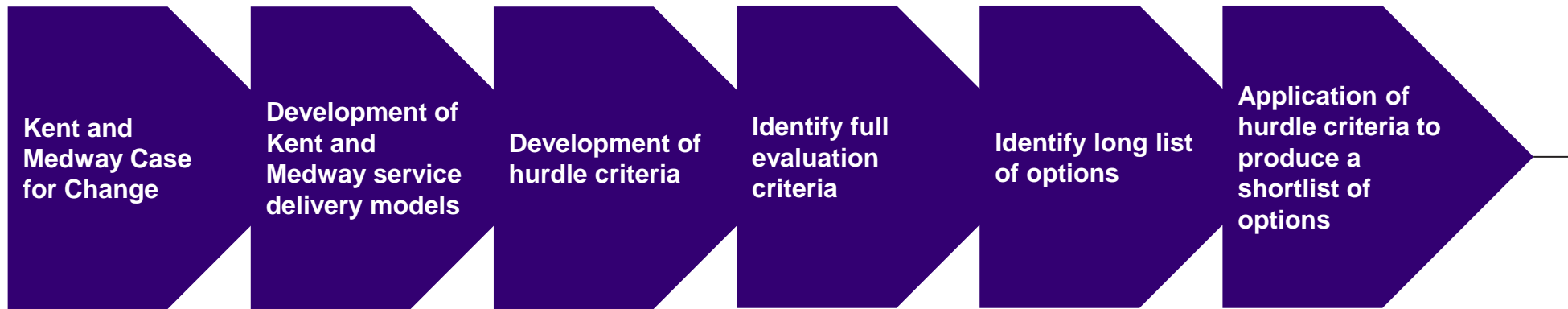
Joint Committee terms of reference

Current membership (2/2)

| Name | Organisation | Role | Voting? |
|--------------------|------------------------------------|---|---------|
| Dr Peter Birtles | NHS High Wealds, Lewes, Havens CCG | GP | Yes |
| David Roche | NHS High Wealds, Lewes, Havens CCG | GP | Yes |
| Ashley Scarff | NHS High Wealds, Lewes, Havens CCG | COO | No |
| Dr Peter Green | NHS Medway CCG | Clinical Chair | Yes |
| Dr Satvinder Lall | NHS Medway CCG | GP | Yes |
| Caroline Selkirk | NHS Medway CCG | AO | No |
| Dr Jonathan Bryant | NHS South Kent Coast CCG | Clinical Chair | Yes |
| Dr Qasim Mahmood | NHS South Kent Coast CCG | Governing Body member (GP) | Yes |
| Hazel Smith | NHS South Kent Coast CCG | AO | No |
| Dr Fiona Armstrong | NHS Swale Clinical CCG | Clinical Chair | Yes |
| Dr Mick Cantor | NHS Swale Clinical CCG | Governing Body member (GP) | Yes |
| Dr Tony Martin | NHS Thanet CCG | Clinical Chair | Yes |
| Dr John Neden | NHS Thanet CCG | Governing Body member (GP) | Yes |
| Dr Bob Bowes | NHS West Kent CCG | Clinical Chair | Yes |
| Dr Andrew Roxburgh | NHS West Kent CCG | GP | Yes |
| James Thallon | NHS England | Medical Director | No |
| Ivor Duffy | NHS England | Director of Performance | No |
| Jackie Huddleston | NHS England | Associate Director South East Clinical Networks | No |
| Oena Windibank | NHS Thanet CCG | Programme Director | No |
| Steve Inett | Kent and Medway Healthwatch | Chief Executive | No |

Public consultation

In moving to public consultation, we are following a process that covers a number of stages

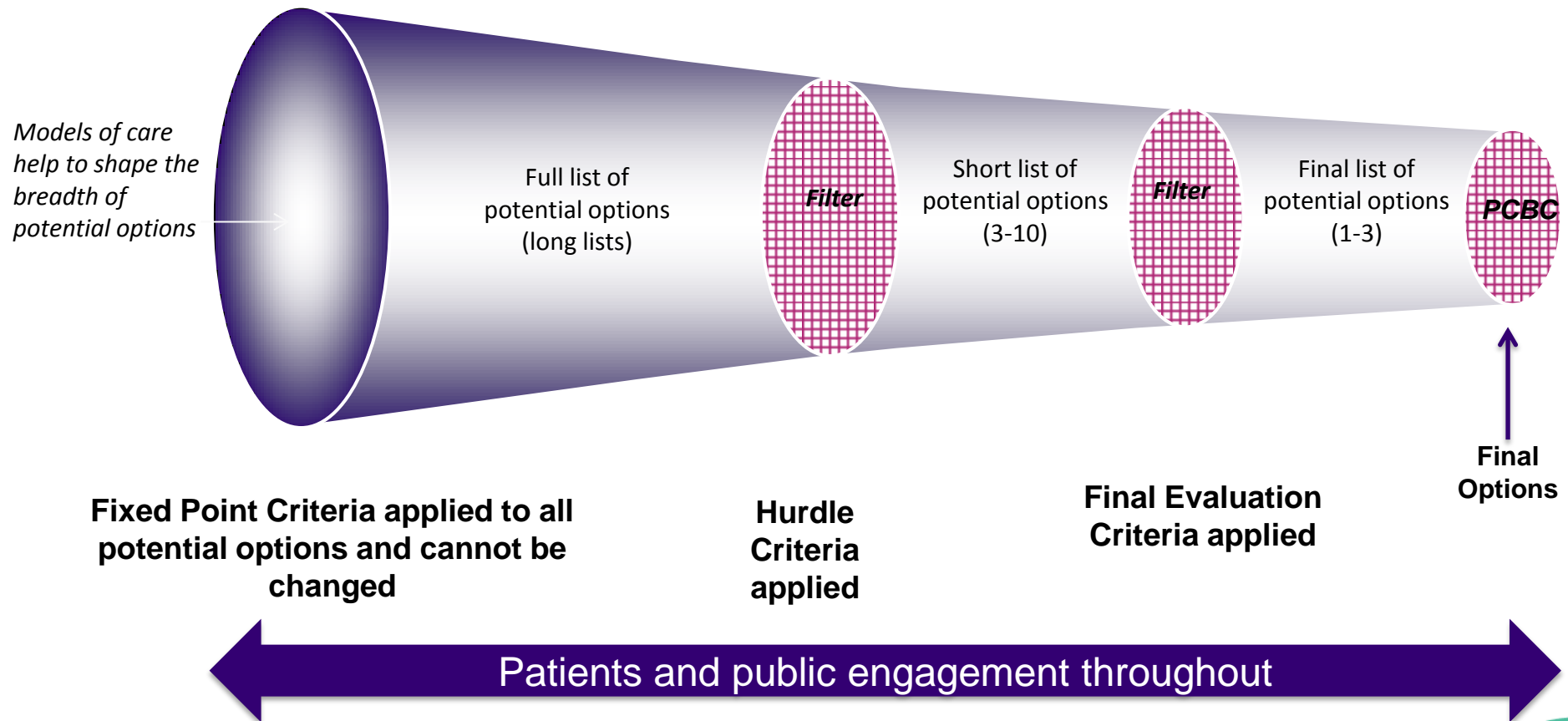


NB - This stage involves multiple stakeholder reviews as part of the agreed evaluation process



How a decision is made

We have been through an extensive evaluation process, with engagement along the way, to narrow down the list of options for service change.



The medium list of options have been evaluated against the following five criteria:
Quality, Access, Ability to deliver and Affordability

| Criteria | Sub-criteria |
|--|---|
| 1 Quality of care for all | <ul style="list-style-type: none">• Clinical effectiveness and responsiveness• Safety• Patient experience |
| 2 Access to care for all | <ul style="list-style-type: none">• Distance and time to access services• Service operating hours |
| 3 Workforce | <ul style="list-style-type: none">• Scale of impact• Sustainability• Impact on local workforce |
| 4 Ability to deliver | <ul style="list-style-type: none">• Expected time to deliver• Co-dependencies with other strategies• Trust ability to deliver |
| 5 Affordability and value for money | <ul style="list-style-type: none">• Revenue costs• Capital costs• Transition costs• Net present value |



Review of draft Independent Impact Assessment (IIA)

The aim of an integrated impact assessment (IIA) is to explore the potential positive and negative consequences of Kent and Medway STP proposals to transform healthcare in Kent and Medway

The proposals were assessed against their impact (both positive and negative) on Health, Travel and Access, Equality and Sustainability.

The key **positive** impacts identified were:

- Improvement to patient outcomes and removal of the variation currently experienced
- The ability to achieve recommended workforce standards
- Patients identified as having a disproportionate need for stroke services are likely to use these services more and, therefore, experience the benefits of improved health outcomes to a greater extent.
- Improvement in rehabilitation services for stroke patients, supporting patients to regain their independence and overall quality of life

The key **negative** impacts identified were:

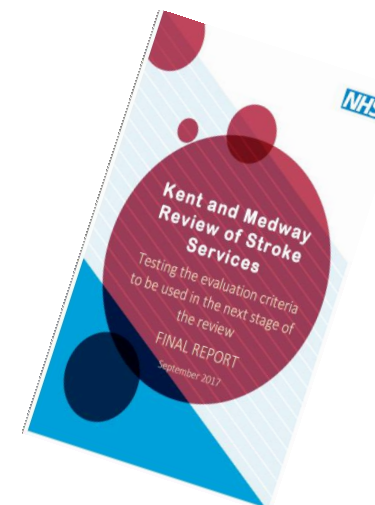
- A risk that capacity could become constrained within these units due the consolidation of stroke services
- Longer ambulance journeys for some patients required to be conveyed to a HASU will negatively impact the capacity of the ambulance service
- The reconfiguration of stroke services is considered to bring logistical challenges for some staff, which could result in increased staff turnover and the loss of current expertise
- Across all of the proposed shortlisted options there is a reduction in accessibility within 30 minutes by blue light ambulance for patients currently accessing stroke service
- Increased journey times or the need to make different and/or unfamiliar journeys to access care, is likely to affect some equality groups more than the general population.

A detailed list of potential ways in which to enhance opportunities and to mitigate or reduce the effect of the potential negative impacts identified in the equality impact assessment ***has been developed against the key impacts identified.***



Kent and Medway STP engagement

- Case for Change published March 2017
- Listening events and engagement activity has taken place across the county throughout the Stroke Review
- In spring and summer 2017 we engaged around the case for change and evaluation criteria
- Feedback from the summer listening events, stroke and vascular focus groups and online surveys independently analysed
- Feedback from stroke focus groups fed back to board
- The latest STP engagement/research report brings together feedback from all engagement activity this summer, published on STP website www.kentandmedway.nhs.uk



Overview of pre-2017 stroke engagement

- 1000s of people have engaged in stroke review since late 2014 including: stroke survivors/ their families and carers/ members of the public/ clinicians/ key stakeholders including CCGs, providers from Kent, Medway, and across the borders in Sussex, Surrey and south London.
They have provided a valuable challenge throughout the review.
Views have been fed into the decision-making process.
- Variety of engagement channels have been used including surveys, focus groups, listening events, roadshows, face to face meetings
- We have used a variety of channels to communicate including e newsletters, printed magazines, emails, media, social media, websites
- All engagement work has been logged and evidenced and is detailed as an appendix to the Stroke Review Pre Consultation Business Case.



2017 STP engagement activity

| | | |
|---|---------------|--|
| 1 | Feb - August | East and West Kent: 12 listening events with approx. 70 people at each |
| 2 | Feb -August | East, West Kent, Dartford, Gravesham and Swanley, and Swale: Summer roadshow across area at supermarkets, health centres, Gateways – talking about STP, urgent care, evaluation criteria and stroke |
| 3 | July - August | Swale and Medway: 3 events on urgent care and local care |
| 4 | July - August | Evaluation criteria: online survey and face to face engagement with public and staff |
| 5 | August | Vascular: 2 focus groups held in Ashford and Medway to test the evaluation criteria |
| 6 | August-Sept | Stroke: 8 focus groups (K&M), online survey and stakeholder event to test the evaluation criteria |
| 7 | August-Sept | Seldom heard voices: 15 outreach groups with hard to reach and protected characteristic groups |
| 8 | August-Sept | Integrated Impact Assessment: 10 focus groups in Kent and Medway |
| 9 | Sept-October | Dartford, Gravesham and Swanley: 2 events on urgent care and local care |



PCBC: stakeholder engagement in detail

- Appendix to Pre-Consultation Business Case details engagement to date
- 43 pages listing details of audience, the engagement, date, feedback
- Documented under:
 - case for change
 - hurdle criteria
 - evaluation criteria
 - options appraisal



Stroke communications and engagement: next steps

- More and ongoing engagement with clinicians
- Proactive communications about STP and stroke review – to audiences we've already engaged with, and beyond - staff/key stakeholders/public and informing them a consultation is planned for early in 2018
- Consultation plan – in development
- Launch of consultation – anticipated early 2018
- Consultation activities – to include publication and distribution of information, digital and hard copy questionnaire, public meetings and events, attendance at existing meetings and fora, discussions with staff, media and social media, outreach work with seldom heard and other targeted audiences
- Consultation analysis – independent



Consultation plan

- Overview and approach to our consultation activity including:
 - Consultation principles
 - Target reach: 1% of Kent and Medway population
 - Stakeholder map informing key audiences and distribution plans for consultation documents (digital and hard copy)
 - Accessible formats: summary and Easy Read/access to translation/Braille and audio copies on request
 - Supporting collateral eg: frequently asked questions, posters, adverts, newsletter content, website content, animation etc
 - Media and social media plan
 - Programme of face-to-face meetings and events activity
 - Programme of publicity to raise awareness and encourage responses.



Timeline to implementation

- Six to eight weeks to review consultation responses and prepare the decision making business case (DMBC)
- Approval of final option June/July 18
- Go-live 12 to 24 months post-end of consultation (dependent on degree of estates development that is required)
- Potential for phased implementation to be considered



See separate paper



Any Other Business

